



## FINANCIAL DISCLOSURE STATEMENT

Sections 6(c), 6c, and 8(a)(1) of the Commodity Exchange Act ("Act"), 7 U.S.C. §§ 9, 12(a)(1), 13a-1, and 15 authorize the Commodity Futures Trading Commission ("Commission") to initiate and conduct investigations and bring administrative and civil enforcement proceedings. In the course of an investigation or enforcement proceeding, the Commission may secure voluntary statements and submissions. The Commission's primary purpose in soliciting the information from you is to evaluate your offer of settlement and/or your ability to pay a monetary claim or judgment.

Disclosure of this information is voluntary. The Commission or the Department of Justice, if the matter is referred to that federal department, may also have the right to obtain disclosure of some of the information under statute or by subpoena.

The information you provide may be used in the routine operation of the Commission, which includes law enforcement, review of legislative and regulatory proposals, regulation of the commodity futures markets, and reviews of reports and documents filed with the Commission. The Commission may also use the information in any administrative or civil proceedings in which it is a party or any member of the Commission or its staff participates as a party.

You may request that the Commission afford the information submitted herein confidential treatment under the Commission's Freedom of Information Act rules. See 17 C.F.R. § 145.9 (2004). A request for confidential treatment allows you the opportunity to justify the need for confidentiality. The request must be in writing in accordance with Commission Rule 145.9, 17 C.F.R. § 145.9 (2004), and should be submitted when filing the financial disclosure statement. A copy of the Commission's Statements to Persons Directed to Provide Information, which includes the Routine Uses of Information, is being provided to you along with this form.

A request for confidential treatment does not guarantee confidentiality. Moreover, notwithstanding confidential treatment, copies of the financial disclosure statement will be provided to interested divisions within the Commission.

In order for the information you provide to be considered, the declaration on the last page must be properly executed.

To the extent that financial documents, tax returns and other documents are requested pursuant to the financial disclosure statement, they must be legible copies. Illegible copies do not satisfy the requirements for filing your financial disclosure statement.

After filing this form, you should promptly notify the Commission of any material change in the answer to any question on this form.

OTHER SOCIAL SECURITY NOS.  [REDACTED]	OTHER NAMES USED	E-MAIL ADDRESS(ES) esilamona@verizon.com
DRIVER'S LICENSE NUMBER OK M081886139	DRIVER LICENSE STATE Oklahoma	INTERNET HOME PAGE
EMPLOYER	JOB TITLE	BUSINESS PHONE ( )
NAME OF SUPERVISOR	BEGIN DATE	SALARY (INCL TIPS & COMMISSIONS)
NUMBER OF YEARS IN PRESENT POSITION	WAGE EARNER/PARTNER/SOLE PROPRIETOR?	
PRIOR WORK HISTORY INCLUDING EMPLOYER, START/END DATE, SALARY (Previous 10 Years - Use additional pages if necessary)		

### SPOUSE BACKGROUND INFORMATION

NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	HOME PHONE ( )
CURRENT ADDRESS		PLACE OF BIRTH	CELL PHONE ( )
CITY	STATE	ZIP CODE	HOME: RENT OR OWN?

PREVIOUS ADDRESSES - INCLUDING TIME PERIODS (Previous 10 years - Use additional pages if necessary)

OTHER SOCIAL SECURITY NOS.	OTHER NAMES USED	E-MAIL ADDRESS(ES)
DRIVER'S LICENSE NUMBER	DRIVER LICENSE STATE	INTERNET HOME PAGE
EMPLOYER	JOB TITLE	BUSINESS PHONE ( )
NAME OF SUPERVISOR	BEGIN DATE	SALARY (INCL TIPS & COMMISSIONS)
NUMBER OF YEARS IN PRESENT POSITION	WAGE EARNER/PARTNER/SOLE PROPRIETOR?	
PRIOR WORK HISTORY INCLUDING EMPLOYER, START/END DATE, SALARY (Previous 10 Years - Use additional pages if necessary)		

### PREVIOUS SPOUSE(S)

NAME OF PREVIOUS SPOUSE(S) (Use additional pages if necessary)	DATE OF BIRTH	PERIOD MARRIED
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### CHILDREN/DEPENDENTS

NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER	LIVE WITH YOU? (Y/N)	DRIVERS LIC. NUMBER	DRIVERS LIC. STATE

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Approved May 2001

Securities, commodities and bonds (Sched 5)  
 Automobiles, trucks, boats, planes  
 other vehicles (Sched 6)  
 Business interests (Sched 7)  
 Personal property (Sched 8)  
 Judgments and settlements (Sched 9)  
 Cash surrender value of life ins (Sched 10)  
 Lines of credit (Sched 11)  
 Other amounts owed to you (Sched 12)  
 Wills, trusts and escrows (Sched 13)  
 Fringe benefits (Sched 14)  
 Transfer of assets (Sched 15)  
 Other assets (Sched 16)

Total

4690.40

Notes, accounts payable and debts to banks, financial institution and others (Sched 18)	
Automobiles, trucks, boats, planes, and other vehicles (Sched 6)	
Judgments and settlements (Sched 9)	
Other loans and liabilities (Sched 19)	
Medical, legal expenses (Sched 20)	
Chattel mortgage (Sched 20)	
Other liabilities	
<b>Total</b>	<b>29,499.15</b>
<b>Total net worth:</b> <b>(Assets minus liabilities)</b>	<b>29,499.15</b>

#### MONTHLY INCOME/PAYMENTS

Salary (Sched 21)  
 Commissions, fees, bonuses, (Sched 21)  
 Spouse and dependents' income (Sched 21)  
 Real estate income (e.g. rent) (Sched 21)  
 Interest, dividends business income (Sched 21)  
 Dividends/interest on personal income (Sched 21)  
 Payments by others on your behalf (Sched 21)  
 Disability payments (Sched 21)  
 Court ordered payments received (e.g. child sup) (Sched 21)  
 Food stamps (Sched 21)  
 Social security (Sched 21)  
 Unemployment benefits (Sched 21)  
 Net commodity/securities trading profits (Sched 21)  
 Annuity/pension plans (Sched 21)  
 Sales of assets (Sched 21)  
 Disbursement of capital to you (Sched 21)  
 Repayments of loans to you (Sched 21)  
 Other income (Sched 21)

Total

<u>MONTHLY EXPENSES</u>	
Mortgage/rent (Sched 22)	<u>1650.00</u>
Food (Sched 22)	<u>1600.00</u>
Utilities (gas, electric, water) (Sched 22)	<u>200.00</u>
Automobile/transportation expenses (Sched 22)	
Credit card payments (Sched 22)	<u>800.00</u>
Telephone (Sched 22)	<u>125.00</u>
Cable television (Sched 22)	<u>125.00</u>
Insurance premiums (Sched 22)	
Court ordered payments (e.g. child support) (Sched 22)	
Subscriptions (Sched 22)	
Medical and legal expenses (Sched 22)	
Loan payments (Sched 22)	
Tuition (Sched 22)	
Installment payments (Sched 22)	
Contributions (Sched 22)	
Dues (Sched 22)	
Other expenses (Sched 22)	
<b>Total</b>	<b>4500.00</b>
<b>Monthly Cash Flow (Income Minus Expenses)</b>	<b>(1000.00)</b>

#### CONTINGENT LIABILITIES

As endorser of co-maker  
 On leases or contracts  
 Legal claims  
 Provisions for federal income tax  
 Other special debt  
  
 Total

Case 1:12-cv-08791-CM-GWG Document 62-1 Filed 02/26/14 Page 4 of 20  
List all cash, bank and money market accounts, including but not limited to checking accounts, savings accounts, certificates of deposit, credit union accounts held by you, your spouse, or your dependents, or held by others for the benefit of you, your spouse or your dependents. The term cash includes currency and uncashed checks. Use additional pages if necessary.

#### **Cash on Hand:**

**Cash held for your benefit:** \_\_\_\_\_

**Schedule 2**  
**Accounts and Loans Due; Notes Receivable**  
**To or For You, Your Spouse or Your Dependents**

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Approved May 2001

Name on Title/Deed and Ownership Percentages	_____
Description of Property	_____
Date Acquired	_____
Purchase Price	_____
Fair Market Value (market price minus unpaid mortgage)	_____
Basis of Valuation	_____
Gross Mortgage Amount	_____
Unpaid Mortgage Amount	_____
Monthly Mortgage Payment	_____
Name/Address of Mortgage Holder	_____
Mortgage Loan Account No.	_____
Lien Amount (other than 1 <sup>st</sup> mortgage)	_____
Monthly Lien Payment	_____
Name/Address of Lien Holder	_____
Lien Account Number	_____
Rental Income (if any)	_____
Total Fair Market Value for All Properties:	_____

- B. List all real estate under contract to be purchased or sold by you, your spouse or your dependents.  
Use additional pages if necessary.

Property Address	_____
Name of Seller/Buyer	_____
Contract Price	_____
Principal Amount Owing/Due	_____
Amount/Date of Next Payment	_____

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Approved May 2001

Account Name	Account Number	Plan Type	Date Started	Trustee/Administrator's Name, Address, and Phone	Surrender Value	Credit Line/Amount Available Now
Total Available:						_____

**Schedule 5**  
**Securities, Commodities and Bonds**

- A. Identify all securities (including listed and unlisted securities, registered and bearer bonds, state and municipal bonds, mutual funds, etc), held or controlled by you, your spouse or your dependents, or in which you, your spouse or your dependents have or had a beneficial interest at any time during the last 5 years. Use additional pages if necessary.

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Approved May 2001

Account Name	Account Address	Account Number	Aggregate Deposit	Date(s) of Deposit	Current Account Balance
Total Balance::					_____

- C. List all government securities, including but not limited to savings bonds, treasury bills, and treasury notes, held by you, your spouse or your dependents, or held by others for the benefit of you, your spouse or your dependents. Use additional pages if necessary.

Account Name	Type of Obligation	Security Amount	Maturity Amount
Total Maturity			

Total Maturity Value: \_\_\_\_\_  
Total Schedule 5  
(5A + 5B + 5C): \_\_\_\_\_

Make			
Model			
Year			
Date of Purchase			
Registered Owner's Name			
Registration State and Number			
License Plate Number			
Vehicle Location Address			
Purchase Price			
Current Value			
Account/Loan Number			
Lender's Name/Address			
Original Loan Amount			
Current Loan Balance			
Monthly Payment			
Total Value of All Vehicles:			

**Schedule 7  
Business Interests**

List all businesses for which you, your spouse or your dependents are an officer, director or owner. Use additional pages if necessary.

Name/Address	Business Format	Description of Business	Positions Held in Last 5 years	Fair Market Value	Business Owner	Financial Interest in Business
Total Financial Interest in Business:						_____

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Approved May 2001

Type of Property

**Owner Name**

**Property Location**

Filed 02/26/13

Page 9 of 20

Total Current Value

**Total Current Value  
of All Property:**

Name, Address and Telephone Number of Opposing Party	County/State of Judgment	Name of Court of Judgment	Amount of Judgment	Date of Judgment	Nature of Lawsuit
Total Owed to You: _____					

B. Against you, your spouse or your dependents within the last 10 years.

Name, Address and Telephone Number of Opposing Party	County/State of Judgment	Name of Court of Judgment	Amount of Judgment	Date of Judgment	Nature of Lawsuit
Total Owed by You: _____					

**Schedule 10  
Life Insurance**

	Your Policy	Spouse's Policy	Other Policy
Name of Beneficiary	_____	_____	_____
Name of Insurance Company	_____	_____	_____
Address of Insurance Company	_____	_____	_____
Type of Policy	_____	_____	_____
Face Amount of Policy	_____	_____	_____
Total Cash Surrender Value	_____	_____	_____
Total Loans Against Policy	_____	_____	_____
Yearly Premium	_____	_____	_____
To Whom Policy Assigned	_____	_____	_____

CFTC Form 12  
Approved May 2001

Total Owed  
to You:

## **Schedule 13**

### **Wills, Trusts and Escrows**

- A. Wills: Describe any vested interest in a will pursuant to which you, your spouse or your dependents are or will receive a devise, bequest other inheritance or distribution.

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- B.** **Trusts and Escrows:** List all funds or other assets that are being held in trust or escrow by any person or entity for you, your spouse or your dependents. Also, list all funds or other assets that are being held in trust or escrow by you, your spouse or your dependents for any person or entity.

Trustee/Escrow Agent's Name/Address	Date Established	Grantor	Beneficiaries	Present Market Value of Assets
Total Present Market Value:				

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Approved May 2001

## Benefit Gas

**Employer Name and Address**

Fair Market Value  
2/26/14 Page

Total Fair  
Market Value:

## Schedule 15 Transfers of Assets

List each person to whom you have transferred, in the aggregate, more than \$1,000 in funds or other assets during the previous five years by loan, gift or other transfer. For each person state the total amount transferred during that period. Use additional pages if necessary.

Transferee's Name/Address	Relationship to You	Property Transferred	Aggregate Value	Transfer Date	Type of Transfer (loan, gift)
Total Aggregate Value					

CFTC Form 12  
Approved May 2001

	Total Value
	of Other Assets

**Total Value  
of Other Assets:**

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Approved May 2001

Total Amount  
Taxes Due: \_\_\_\_\_

**Schedule 18**  
**Notes Due, Accounts Payable and Debts to**  
**Banks, Financial Institutions and Other Individuals**

Itemize every note, accounts payable and debt over \$1,000 owed by you, your spouse or your dependents.

Creditor Name/Address	Amount of Note, Account Payable or Debt	Obligation Date for Note, Account Payable or Debt	When Note, Account Payable or Debt Due	Purpose of Note, Account Payable or Debt
Total Owed by You:				

CFTC Form 12  
Approved May 2001

Name/Address of Lender/Creditor		
Nature of Liability		
Name(s) on Liability		
Date of Liability Incurred		
Original Amount Borrowed		
Current Balance		
Payment Amount		
Frequency of Payment		
Balance Owing		
		<b>Total Owed by You:</b>

**Schedule 20  
Other Liabilities**

A. List all outstanding medical and legal expenses incurred by you, your spouse or your dependents.

Creditor Name/Address	Type of Expense	Date Expense Incurred	Original Amount of Expense	Amount of Monthly Payment	Date Last Payment Due	Balance Owing
Total Owed by You:						

**B.** List all chattel mortgages.

CFTC Form 12  
Approved May 2001

	Amount	Source	Address/Telephone of Source
Salary	2500.00	Franz Noranda MD Inc	9184814880
Commissions, Fees, Advances, Bonuses, etc	—		
Spouse and Dependents' Income	—		
Real Estate Income (e.g. rent)	—		
Interest and Dividends Business Income Due	—		
Dividends/Interest on Personal Income	—		
Payments by Others on Your Behalf			
Court Ordered Payments Received (e.g. child sup)	—		
Disability Payments	—		
Food Stamps	—		
Social Security	—		
Unemployment Benefits			
Net Commodity and Securities Trading Profits	—		
Annuity/Pension Plans	—		
Sales of Assets	—		
Disbursement of Capital to You	—		
Repayments of Loans to You	—		
Other Income	—		
		Total Monthly Income/Payments:	3500.00

Description of Expense	Amount
Mortgage/Rent	1650.00 / month
Food	1600 / month
Utilities (gas, electric, water)	200 / month
Automobile and Transportation Expenses	
Credit Card Payments	800 / month
Telephone	125 / month
Cable Television	125 / month
Loan Payments	—
Insurance Premiums	—
Subscriptions	—
Medical and Legal Expenses	—
Court Ordered Payments (e.g. child support)	—
Tuition	—
Installment Payments	—
Contributions	—
Dues	—
Other Expenses	—
Total Monthly Expenses:	
<u>4500.00</u>	

CFTC Form 12  
Approved May 2001

Opposing Party's Name/Address	Name/Address of Court	Docket Number	Relief Requested	Nature of Litigation	Status

B. Filed against you, your spouse or your dependents within the last 10 years. Use additional pages if necessary.

Opposing Party's Name/Address	Name/Address of Court	Docket Number	Relief Requested	Nature of Litigation	Status

**Schedule 24  
Safe Deposit Boxes**

List all safe deposit boxes held by you, your spouse or your dependents.

Owner (if other than you)	Name/Address of Depository Institution	Box Number	Contents

**Schedule 25  
Application For Credit**

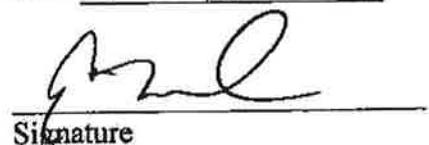
List all applications for bank loans or other extensions of credit that you, your spouse or your dependents have submitted within the last two years. Provide a copy of each application, including all attachments

Name(s) on Application	Name/Address of Lender

CFTC Form 12  
Approved May 2001

Case 1:12-cv-08791-GM-DWG Document 62-1 Filed 02/26/14 Page 19 of 20  
have examined the information given to me to the best of my knowledge and belief, it is true, correct and complete. I further declare that I have no other assets, owned either directly or indirectly, or income of any nature other than as shown herein, or attached to the financial disclosure statement. I understand that material misstatements or omissions made herein, or in any attachment hereto, may constitute criminal violations, punishable under 18 U.S.C. § 1001 (1994) or other statutes.

The statements herein and attached hereto represent my financial condition as of the following date: 6-7-13.



Signature

6-7-13  
Date of signature

Sworn before me this June day of \_\_\_\_\_, 200 \_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission expires on \_\_\_\_\_  
Date

CFTC Form 12  
Approved May 2001

Chase Credit Card		8863.24	259.00	8500.00
Discover		3773.55	76.00	4000.00
Citibank		12,171.96	450.98	15,000.00

- B. List all lines of credit that you, your spouse or your dependents have access to or lines of credit for the beneficial interest of you, your spouse or your dependents. Use additional pages if necessary.

Name/Address of Issuing Institution	Amount of Credit Line	Amount Used	Repayment Terms
Citibank	5500.00	4690.40	
Total Amount Available:			787.69